Indigenous Medicinal Plants Used By Traditional Healers of Buldhana Tahsil, Dist. Buldhana (M.S.)

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Abstract: The present study was conducted in the region of Buldhana Tahsil, Dist. Buldana. The study was carried out during the period of August 2008 to April 2009. A number of villages were visited in this region. The information was documented involving field study by contacting and interviewing traditional healers for plants used in cure of piles, malaria and in the treatment of kidney stones. Three medicinal plants Dolichandrone falcata Seem., Celosia argentea L. and Enicostemma axillare (Lam.) Raynal. were selected for the study. The patients who had used these medicines prepared by healers were also interviewed to document information of age group 17 to 75 years. To establish identity, the plants were collected for making herbarium record.

Key Words: Medicinal plants, Traditional healers, Buldhana tahsil.

Introduction: All traditional medicines have their roots in folk medicines and household remedies. WHO has listed 20,000 medicinal plants used in different parts of the world. Other estimates indicate the number to range between 35,000 and 70,000 worldwide (Lewington, 1993; Bhattarai and Karki, 2004). WHO has estimated that 80% of the world’s populations rely primarily on traditional medicine (WHO, 1978; Okereke, 1992). In India, it is reported that traditional healers use 2500 plant species and 100 species of plants serve as regular sources of medicine, Pei (2001). During the last few decades there has been an increasing interest in the study of medicinal plants and their traditional use in different parts of the world. Traditional medical knowledge of medicinal plants and their use by indigenous cultures are not only useful for conservation of cultural traditions and biodiversity but also for community healthcare and drug development in the present and future, Pei (2001).


Buldhana district is the western most district of the Vidharbha, of the Maharashtra State, situated in the Tapi and Godavari river basins. The district has been named after Buldhana town, which is the district headquarters since 1867. The name of town is derived from the corrupt form of Bhil-Thani i.e. the place of Bhils. The district Buldhana is situated between 19°.51’ and 21°.17’ North latitudes and 75°.57’ and 76°.49’ East longitudes. The tribals invaded and localized in the Buldana Tahsil are Bhil, Thakur, Banjara, Mahadeo Koli, Paradhi. The survey includes all the tribal ranges of the study area. It also includes major forest ranges like Dnyanganga Sanctuary, which reveals the maximum diversity of the ethnomedicinal plants.

The objective of this study was to interact with local traditional healers and document their knowledge on medicinal plants, their usage and the types of diseases treated etc. As far as the Buldhana District is concerned, meagre reports are available on the floristic composition and
indigenous ethnomedicinal information present with the tribals of this area. From the foregoing account, it is clearly evident that, the investigations on ethnomedical aspects of the tribal regions of Buldana Tahsil have not been explored in spite of its richness in plant diversity and varied cultural practices.

Material and Methods:

The study was carried out in the tribal region of Buldana Tahsil during the period June , 2007 to April, 2009. A large number of places were visited in tribal localities of Buldana tahsil. The tribal villages were surveyed through periodical tours in tribal localities. Special attention was paid to record information from local Vaidyas, Hakims and traditional herbal healers. These informants were traditional healers themselves or had tradition of healing in their families and had knowledge of the medicinal use of the plants. The information was documented involving field study by contacting and interviewing Vaidyas, Hakims and traditional herbal healers for plants used to cure piles, malaria and in the treatment of kidney stones.

The tribals and other villagers who had used these medicines prepared by local ethnic medicine-men were also interviewed to document ethno-botanical information of age group from 17 to 75 years and were resident of tribal pocket in the tahsil. To establish identity, plants were collected with the help of herbal healers and practitioners for making herbarium record. The dictionary of Indian Folk Medicines by Jain (1991), Indian Materia Medica by Nadkarni (1982) was also consulted to compare with earlier reports by different ethno-botanists. The present documentations were not earlier reported.

Voucher specimens of medicinal plants were collected, prepared and identified. All the preserved specimens were deposited at the Department of Botany, Shri Shivaji Science & Arts College, Chikhli, Dist. Buldhana.

Observations:

The tribals invaded and localized in the Buldana Tahsil are Bhil, Thakur, Banjara, Mahadeo Koli, Paradhi. These tribes as per socio-religious rituals worship nature. The ethnomedico-botanical study was conducted to record plants used in pockets of tribal areas. As per information collected from herbal healers and Vaidyas these plants are locally available in abundance and are being used since ancient times. The wealth of medicinal plant knowledge among the people of this tahsil is based on hundreds of years of beliefs and observations. This knowledge has been transmitted orally from generation to generation; however it seems that it is vanishing from the modern society since younger people are not interested to carry on this tradition.

Tribals collect different parts of plant for medicinal purposes. The tribals and peoples of adjoining areas were observed suffering from piles, malaria and kidney stones.

Three medicinal plants Dolichandrone falcata Seem., Celosia argentia L. and Enicostemma axillare (Lam.) Raynal. are the most commonly used herbal drugs in the treatment of piles, kidney stones and malaria of this region are described.

The dosages for control of these diseases are described as below.

Piles:

The patients suffering from piles are cured by oral administration of 100 ml leaf juice of Dolichandrone falcata Seem. with 100 ml curd twice a day for a week. The patients cured by using this treatment in different villages are shown in Fig. 1.
Kidney Stones:

One tablespoonful seeds of *Celosia argentia* L. are powdered. This powder with about 300 ml of water is boiled until it reduces to 75 ml. The patients suffering from kidney stones are cured by oral administration of 75 ml seed decoction twice a day for seven-ten days. The patients cured by using this treatment in different villages are shown in Fig. 2.

Malaria:

50 gm whole plants or 10 gm dried plants of *Enicostemma axillare* (Lam.) Raynal. are crushed and added to 200 ml water and boiled until it reduces to 50 ml. This decoction is administrated orally twice a day for two weeks. The patients cured by using this treatment in different villages are shown in Fig. 3.
Fig. 3. Patients cured suffering from Malaria.

Dolichandrone falcata Seem

Celosia argentia L.

Enicostemma axillare (Lam.) Raynal.
DISCUSSION AND CONCLUSION:

A number of studies on ethno medicinal plants and herbal medicines have been conducted in the past and plants have been reported for being used medicinal purpose by tribals in several countries. The ethno botanical survey can bring out many different clues for the development of drugs to treat human diseases. Safe, effective, and inexpensive indigenous remedies are gaining popularity equally among the people of both the urban and rural areas, especially in India and China (Katewa et al., 2004). Rout et al., (2009) reported use of traditional herbal medicines in the treatment of piles.


Tribal’s when suffered from the piles, malaria & kidney stones they apply herbal drugs prepared by traditional healers. These plants are found in their local habitat where facilities of modern hospitals do not exist. The tribal community depends for their medical aid on local and traditional healer existing near habitat. The number of the patients interviewed in 15 villages for using these herbal medicines for cure of piles, malaria and Kidney stone are presented in figures.

Earlier the tribal’s of the region were harvesting the medicinal plants at a particular time and date and time only and have belief that at this particular time it has more therapeutic value. It is evident from the modern science that at particular time the herb contains optimum active ingredients. These types of traditional harvesting practices will be helpful in providing quality raw material on sustainable basis and tool for conservation.

The information as a outcome of study will serve as a useful tool to botanists, pharmacologists, phytochemists, practitioner of herbal medicine, foresters, planners and administrators in the preparation of action and development plans for the conservation as well as herbal drug industry in the tribal tracts for providing self-employment opportunities and improving and uplifting the life, economy and social status of the tribal and rural populations.

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REFERENCES:


